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**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\*

*None - see*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*see*

GERMANY 102 54 678.9 11/22/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY GERMANY	SHEETS  DRAWING 4	TOTAL  CLAIMS 24	INDEPENDENT  CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature <i>Christoph</i> Initials <i>llay</i>				

**ADDRESS**

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**TITLE**

Shaped body, in particular for a seat cushion

FILING FEE  RECEIVED 1142	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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